



**SAMPLE**  
**City of Eugene**  
**Domestic Partnership Registration**

Registration No. \_\_\_\_\_  
Fee Received: \$ \_\_\_\_\_

We the undersigned declare that:

1. we live as a family, are in a relationship of mutual support, caring and commitment, and intend to remain in such a relationship;
2. neither of us is married or registered as the domestic partner of any other person in any jurisdiction, nor has either terminated a registered domestic partnership within the preceding six months;
3. we are both at least 18 years of age; and
4. we are not related by blood kinship closer than would bar marriage in the state of Oregon, and are mentally competent to consent to contract.

We further attest that:

1. we understand that the registration of domestic partnership is evidence of a domestic partnership of continuous duration; and
2. we agree to file a statement of termination if the partnership is terminated (except by death) or if any of the above declarations is no longer true.

We do hereby swear or affirm that the information stated above is true and correct to the best of our knowledge.

\_\_\_\_\_  
First                  M.I.                  Last  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State and Zip Code  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
First                  M.I.                  Last  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State and Zip Code  
\_\_\_\_\_  
Signature

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of Oregon  
My Commission Expires: \_\_\_\_\_  
City of Eugene Title: \_\_\_\_\_

Information above this line is public information.

\_\_\_\_\_  
Name (Print)  
\_\_\_\_\_  
Date of Birth  
\_\_\_\_\_  
Place of Birth-City/State/Country

\_\_\_\_\_  
Name (Print)  
\_\_\_\_\_  
Date of Birth  
\_\_\_\_\_  
Place of Birth-City/State/Country